SAN DIEGO
HIV PLANNING GROUP (HPG)
MEMBER HANDBOOK

A Brief Introduction to the San Diego HIV Planning Group, Planning Process, and HIV Prevention Efforts

San Diego HIV Health Services Planning Group
Updated: September 3, 2021

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SAN DIEGO HIV PLANNING GROUP

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Introduction to the Ryan White Program

Legislative Background

Historical Perspective:

In the early 1980's, HIV/AIDS had begun to claim the lives of thousands of Americans. In response to public outcry, Congress recognized AIDS as a national crisis, and responded with the **Ryan White Comprehensive AIDS Resource Emergency (CARE) Act**, now called the **Ryan White HIV/AIDS Treatment Extension Act of 2009**, or **Ryan White Program** for short.

A Brief Overview of the Ryan White Program:

The Ryan White Program is the largest piece of federal legislation dealing with care and treatment services for people living with HIV/AIDS. The Act was named as a memorial to Indiana teenager, Ryan White. Ryan raised awareness about HIV/AIDS among the public and Congress before he died of the illness in 1990.

The CARE Act was first passed by Congress on August 18, 1990, and re-authorized in 1996, 2000, 2006, and most recently in 2009. The current Ryan White HIV/AIDS Program legislation continues the Ryan White HIV/AIDS Program through fiscal year 2013 and beyond, so long as Congress appropriates funds[1].

[1] *Ryan White HIV/AIDS Program Legislation Highlights as Amended in 2009* - Ryan White HIV/AIDS Program Legislation | HIV/AIDS Bureau (hrsa.gov)

Ryan White Program: Parts A-D, F, and the Minority AIDS Initiative

PART A

Part A funds are granted to **Eligible Metropolitan Areas (EMAs)** and **Transitional Grant Areas (TGAs)** heavily impacted by AIDS. Originally, Part A funded only 16 EMAs (San Diego is and has been an EMA). Today, the number is 22 EMAs and 3 TGAs and growing. Budget restrictions may mean more areas are splitting the same pie, meaning less funding for each area. Part A funds medical, psychosocial, and supportive services.

PART B

Provides *formula grants*[2] to **states** to improve access to prescription HIV medications for people without insurance through the **AIDS Drug Assistance Program (ADAP)**. The formula is based on the number of reported living HIV/AIDS cases in the state or territory in the most recent calendar year.

Part B also funds community & home-based health services and provides for the continuation of health insurance. Finally, Part B may supplement local services funded by Part A.

[2]*A formula grant is a type of mandatory grant that is awarded based on statistical criteria (local HIV epidemiology) for specific types of work. The authorizing legislation and regulations define these statistical criteria and the amount of funds to be distributed. So, the term "formula" refers to the way the grant funding is allocated to recipients. What Is a Formula Grant? – Grants.gov Community Blog (wordpress.com)*

PART C

Provides direct grants to **community health clinics** for early intervention and treatment services. These funds are targeted to underserved populations, including individuals living in rural areas.

PART D

Provides competitive grants for clinical research and services to **women, children, and youth with HIV**. These include health, social, and prevention programs.

PART F

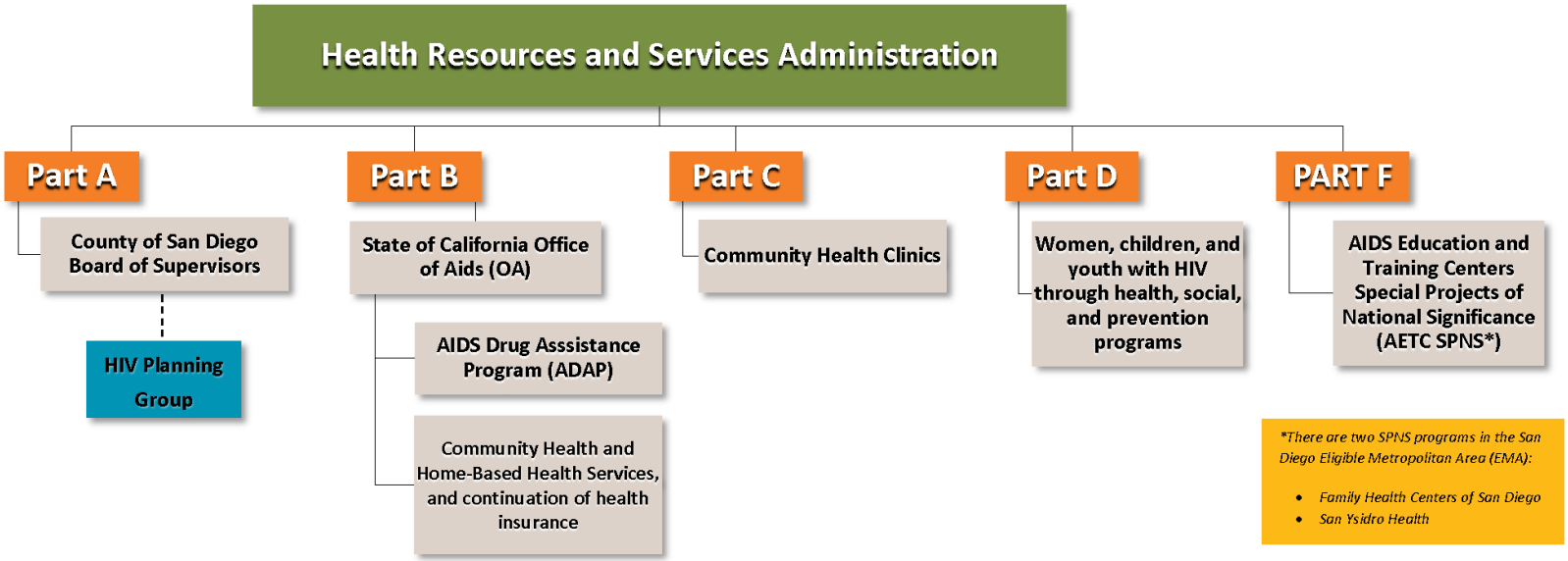
Offers a **dental reimbursement program** and competitive grants for **Special Projects of National Significance (SPNS)**.

Part F also funds training for Health providers through the **AIDS Education and Training Centers (AETCs)**.

Minority AIDS Initiative (MAI)

MAI funds are granted to EMAs and TGAs most heavily impacted by AIDS. Funds are targeted to improve HIV-related health outcomes in an effort to reduce **existing racial and ethnic health disparities**.

The Ryan White HIV/AIDS Treatment Extension Act in San Diego



Roles and Responsibilities	
Recipient/Administration	**HIV Planning Group**

• Establishes HIV Planning Group (HPG) & appoints members
• Ensures training for HPG
• Works with HPG to conduct a needs assessment and develop a comprehensive plan
• Coordinate with other payer & programs to ensure the RW Program is the payer of last resort
• Administer funds for the timely delivery of essential services to people living with HIV (PLWH) through the EMA
  ○ Administer RFP Process
  ○ Communicate results of procurement to HPG
  ○ Monitor Contracts
• Submits annual HRSA grant application
• Comply with data & reporting requirements
• Ensure quality services (QM)
	• Ensure membership is made up of 33% unaligned consumers, promotes representation, and reflectiveness
	• Established bylaws/procedures
	• Conduct a needs assessment
	• Establish priorities for the allocation of funds using data from epidemiology, needs assessments, service utilization, cost, outcome, co-morbidities, and resource information
	• Coordinate with other services, including the development of Part B Statewide Coordinated Statement of Need (SCSN)
	• Evaluate the recipient administrative mechanism

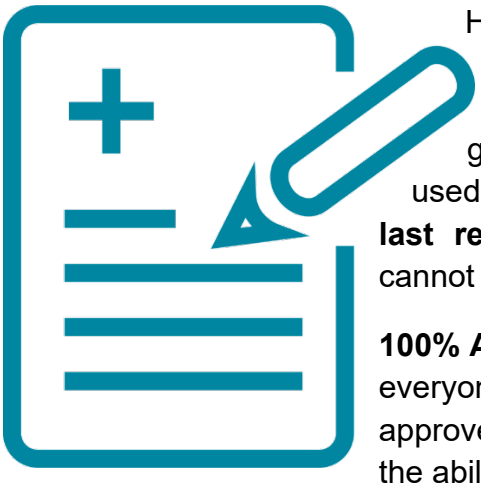
Health Resources &Services Administration and Service Guidelines

Health Resources & Services Administration (HRSA):

HRSA is the federal agency responsible for distributing RW Program funds. The entity that receives the funds is called the **recipient.** EMAs submit annual applications to HRSA for Part A funding. HRSA awards funds partially based on a formula, and partially on our description of local, severe need as compared with other areas. **EMAs** (in our case, San Diego County) are **Part A grantees**.

Part B funds are awarded to the **State**, which sends San Diego a portion. Our local process revolves around the planning and allocation of Part A & B funding. **The RW Program mandates that consumers of part A & B services have a voice in the planning for those services!**

Service Guidelines:



HRSA has guidelines on how RW Program funds can be spent and what services are allowed. HRSA is responsible for monitoring RW Program funding, and grantees must report to HRSA on how the funds are used. The RW Program is to be considered the **payor of last resort.** Services already available in the community cannot be replaced with RW Program dollars.

100% Access, 100% Disparity – HRSA's intent is that is that everyone has access to an HIV specialist and the latest approved medications, regardless of geographic location or the ability to pay.

HRSA requires that all RW program service providers document **positive medical outcomes.** Services not meeting this standard must be linked with other services that do.

Ryan White HIV/AIDS Programs Service Standards

What are Service Standards?

Service standards outline elements and expectations a Ryan White HIV/AIDS Program (RWHAP)service provider follows when applying a specific service category.

Purpose:

Service Standards make sure that RWHAP service providers offer the same foundational elements across a service area.

Why are Service Standards Important?

Service standards are important because they help to improve client and public health outcomes.

HIV/AIDS Care and Treatment Services	
Essential Core Medical Services	**Support Services**
• HIV Primary Care Services • Medical Specialty Care, including consults, tests, and necessary procedures (available with prior authorization) • Dental Care • Home and Community-Based Health • Nutrition Therapy • Mental Health Counseling including Psychiatric Services • Substance Abuse (outpatient) • Home Health Care • Hospice Care • Medical Case management	• Case Management (Non-Medical) • Housing, including Emergency Assistance and Shallow Rent Assistance • Residential Substance Abuse • Home Delivered Meals • Transportation • Emergency Financial Assistance • Legal Assistance

Coordinated Services		
Countywide Integrated Services for Women, Children and Families	**Regional Services offered in North County, South Bay, and Southeast San Diego**	**Minority AIDS Initiative Services offered in South Bay and Southeast San Diego**
• Case Management (Non-Medical) • Mental Health Counseling including Psychiatric Services • Child Care • Transportation	• Referral for Health and Support Services • Outreach • Transportation	• Case Management (Non-Medical • Mental Health Counseling including Psychiatric Services • Substance Abuse (Outpatient Care) • Referral for Health and Support Services • Transportation

Getting to Zero and Ending the HIV Epidemic

A Side-by Side Comparison between local and national initiatives

The County of San Diego has two initiatives working simultaneously to reduce the prevalence of the HIV epidemic in San Diego:

Getting to Zero: Getting to Zero is an initiative that was adopted by the County's Board of Supervisors on March 1st, 2016, whose goal is to end the HIV epidemic locally by 2026. (www.sandiegocounty.gov/GettingtoZero)

Ending the HIV Epidemic: The U.S. Department of Health and Human Services (HHS) is the bold initiative to reduce new HIV infections by 90% by 2030, focusing resources on communities most effected by HIV. (www.cdc.gov/endhiv)

Three Primary Strategies	1. Test 2. Treat 3. Prevent	**Four Primary Strategies**	1. Diagnose 2. Treat 3. Prevent 4. Respond
Year of Adoption	March 1, 2016	**Year of Award**	2020
Goal	Seek to end the HIV Epidemic in San Diego by 2026.	**Goal**	Reach 75% reduction in new HIV infections by 2025, and at least 90% reduction by 2030.
Anticipated Timeline	10 years	**Anticipated Timeline**	5 years (5-Year Funding)
Initiative Aims	Increase public awareness of HIV and embolden countywide prevention efforts by setting clear goals, encouraging collaboration between local organizations and healthcare providers and pursuing policy changers that support HIV eradication efforts.	**Initiative Aims**	Infuse priority areas with additional resources, technology, and expertise that scale up the use of the four strategies.
Website	https://getting2zerosd.com/	**Website**	https://www.cdc.gov/endhiv/index.html

HIV Prevention and Education

A History of Services in San Diego County

The County of San Diego has received funds from the California Department of Public Health (CDPH), Office of AIDS (OA) since 1996 for HIV education and prevention (E&P) services. Before that, these funds were distributed in response to statewide competitive proposals that addressed state-prioritized target populations and goals. This transfer of funding and responsibility was done as part of California's efforts to implement local, community-based planning and the delivery of E&P services.

The local planning process has and continues to allow San Diego to better identify and prioritize appropriate target populations based on the unique characteristics of the HIV epidemic in San Diego County, and to determine the most effective strategies and interventions to prevent HIV transmission and acquisition within those populations.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The funding the County of San Diego receives for E&P services comes from the Centers for Disease Control and Prevention (CDC) and is administered by the OA to the HIV, STD, and Hepatitis Branch of Public Health Services (HSHB), using a formula based on the epidemiology of HIV in California. The CDC funds programs to achieve the following goals:

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities

The Integrated HIV Prevention and Care Plan Activities

Within the Getting to Zero Integrated Plan, there are nine core objectives, two of them based on local priorities:

- **Objective 3:** By 2021, link 25% of adult gay, bisexual, and other men who have sex with men to Pre-Exposure Prophylaxis (PrEP)
- **Objective 9:** By 2021, reduce the proportion of new HIV diagnoses that progress to AIDS within one year by 50%

To achieve these objectives, five key strategies will be implemented. Of the five key strategies, four of the listed strategies below indicate specific activities that are drawn from the County of San Diego's Getting to Zero Implementation Plan:

<table>
<tr><th>Test</th><th>Treat</th></tr>
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Work with public and private healthcare systems and providers to increase adoption of the Centers for Disease Control and Prevention and the U.S. Preventive Services Task Force recommendations regarding routine HIV testing[3]
Utilize data to identify individuals at high risk for HIV infection or transmission and link to testing and HIV risk reduction activities
Utilize HIV Partner Services data to identify individuals who are unaware and/or not in care

[3]Routine testing is testing done to everyone seen in a clinical setting for any reason and regardless of a person's risk for HIV. The CDC recommends that individuals between the ages of 13 to 64 get tested for HIV at least once as part of routine health care and that those with risk factors get tested more frequently. Patients who may be at high risk for HIV should be screened at least annually. Benefits of Routine Screening | Screening for HIV | Clinicians | HIV | CDC
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Link all individuals newly diagnosed with HIV to care within 0-30 days
Implement Data to Care program to identify individuals who have been diagnosed with HIV but who are not currently receiving HIV care so that they can be re-engaged in care
Educate health care systems and providers about County and community resources that support linkage to and retention in care for persons living with HIV as well as resources for persons at high risk for infection
Implement use of HIV data to identify all individuals who are newly diagnosed with HIV in San Diego County so that they can receive linkage to care and referrals to support services

</td></tr>
<tr><th>Engage</th><th>Prevent</th></tr>
<tr><td>

Provide PrEP Education to all HIV-negative individuals seeking services at the County's STD Clinics, and provide referrals to PrEP navigation assistance for individuals who are seeking PrEP
Develop systems to immediately link individuals who have had a high-risk HIV exposure to PEP
Provide access to PEP through County STD Clinics for individuals who are uninsured or underinsured


</td><td>

Develop campaigns to promote awareness, encourage testing and treatment, and educate individuals about available services
Develop an action plan for outlining current disproportionalities among identified populations with recommended 10-year targets for reductions in those disproportionalities and strategies for achieving those reductions
Reduce stigma associated with HIV so that individuals at risk can seek testing and fully engage in treatment
Refine referral and linkage services to address co-factors that leader to disproportionate outcomes, such as mental illness, substance abuse, education, unemployment/underemployment, lack of insurance, unstable housing, and food scarcity
Convene biennial Getting to Zero Summits focused on the local HIV service delivery system and providers
Refine programs that provide assistance in navigating the health care system, including benefits access

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The County's Role

Recipient Responsibilities and the HIV, STD, and Hepatitis Branch

The County's Health and Human Services Agency (HHSA) acts as the Health Department for the City and County of San Diego. The County is the **Recipient** for Part A & B funds. It accepts the funds and is responsible for paying contracted services.

HIV, STD & Hepatitis Branch (HSHB):

Under the County's Health and Human Services Agency, HSHB prepares and submits the annual PART A and MAI grant applications to HRSA. HSHB is also responsible for putting services into place based on the direction of the HIV Planning Group *(see page 15).* The recipient issues **Requests for Proposals (RFPs)** to invite agencies to describe how they would provide services.

A **Source Selection Committee** reviews the proposals and makes recommendations to the HHSA Director, who selects the provider to deliver the services funded by the HIV Planning Group. The County enters into contracts with agencies to provide the services.

The recipient arm of HSHB contracts with providers and monitors services for contract compliance. Scheduled site visits are conducted with each service provider at least once a year. Visits are designed to offer technical assistance to help providers meet contract goals. Recommendations are made and contracts may be revised if needed. Follow-up visits ensure that any problems have been corrected.

The HIV Planning Group

Overview

The HIV Planning Group (HPG) makes the final decisions that affect RW Program services throughout San Diego County by determining:

1. Services that will be funded by Part A/B dollars,
2. How much funding to allocate to each service, and
3. How the services should be delivered and to whom.

HRSA mandates that all EMAs receiving Part A funding have a Planning Group. Locally, our planning group has responsibility for Part A & B funds.

The HPG decides service categories, **not specific** service providers, and the recipient is responsible for contracting with these agencies *(see page 6)*. The HPG often specifies target populations. Some services are funded County-wide, others in as few as one of the five planning regions. The HPG obtains input from consumers, providers, and regional planning meetings, but they make the **final decisions.** They are also responsible for reviewing the recipient's efficiency in implementing the group's decisions, through securing providers and awarding, amending, and monitoring contracts. Their findings are reported annually to HRSA.

Input from the community and **Person(s) Living with HIV/AIDS (PLWH/A)** is important at all levels of the process. Consumers, HPG members, and members of the community participate in the Consumer Group and in other Committees of the HPG. The public is invited and welcomed to attend all HPG and committee meetings. At HPG meetings, public comment is heard at the beginning of the meeting and before each agenda item.

The HPG's Membership Committee welcomes applications for appointment!

If you are interested, please Contact HPG Support Staff for an application (see contact information on page 17).

Mandated Community Representation

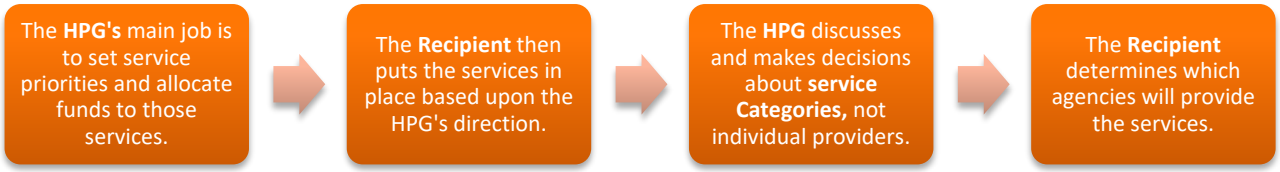
The HPG has seats for 44 members. HRSA dictates that certain stakeholders have a seat on the HPG. Locally, seats are reserved for the following **representatives:**

- Director of the Health and Human Services Agency
- County Health Officer
- STD Control Officer
- Representatives from each of the County's five Supervisory Districts
- State Office of Aids Representative
- Hospital Group Representative
- Member of the HIV Prevention Community
- Planning Board
- Mental Health Provider
- HRSA Part C Grantee
- Federally Qualified Health Center (FQHC) Representative
- Substance Abuse treatment Provider
- Medi-Cal Agency Representative
- RW Part D Representative
- Housing Opportunities for Persons with AIDS (HOPWA) Representative
- AIDS Education Training Center Representative
- African American Community Leader
- Latino Community Leader
- Social Service Provider
- Housing/Homeless Services Representative
- Representative of Incarcerated Populations

The remaining seats are filled with members of the HIV community, including a consumer who serves as Chair of the Consumer Committee, with three consumer alternates. **33% of the HPG's membership must be "unaffiliated consumers**, or PLWH/A who are not employees or board members of agencies that receive RW Part A and B funds.

In addition, the demographics of HPG members and consumers must **reflect** (be like) the demographics of the local HIV/AIDS epidemic. In other words, service decisions should be made by the same groups that are being most effected by HIV/AIDS locally.

Roles and Responsibilities



RESPONSIBILITIES HIV OF THE PLANNING GROUP (HPG)	• Set up **HPG Operations** (Member nominations, group decision making, dealing with conflicts of interest, grievance procedures for alleged violations of the established service planning, and allocations process) • Conduct a **needs assessment** and include community participation • **Set priorities** for allocation of Part A/B funds within the EMA • Develop **comprehensive plan** for the organization and delivery of HIV services • Assure services to HIV+ **women, infants, children, and youth** • **Coordinate** with other agencies and consider the availability of other funding streams (i.e., for prevention service or substance abuse) when allocating RW Part A Funds • **Participate** in the Statewide Coordinated Service Statement of Need (SCSN). • Fulfill **HRSA reporting requirements** • Participate in the preparation of the Part A **grant application** (the application requires information about the HPG, how it works, and its activities] • **Reallocate funds**
RESPONSIBILITIES OF THE PART A Recipient	• **Establish and appoint** the HPG • Work with HPG on **needs assessment, comprehensive plan, and evaluation tasks** • Distribute funds according to HPG priorities, including establishing **contracts for services** • **Implement grievance procedures** for alleged violations of the established service planning and allocations process. • Ensure delivery of services to HIV+ **women, infants, children, and youth** • Ensure RW Program is the **payor of last resort** • Ensure **high quality services are available** regardless of the client's ability to pay • **Coordinate** with others [participate in the Statewide Coordinated Service Statement of Need (SCSN) and ensure that use of RW Program funds consider other funding sources in areas such as prevention and substance abuse] as Ryan White is the payor of last resort. • Fulfill all **HRSA reporting requirements** • Comply with HRSA-required **Conditions of Award** • Prepare and submit **Part A funding application** • **Limit** recipient and provider administrative costs • **Monitor Contracts** ○ **NOTE:** We value your concerns and want to ensure your overall well-being. If you have a concern regarding a **provider,** please submit a **Client Service Evaluation form (Goldenrod)**, which will be reviewed by the recipient once received. • **Reallocate funds as directed**

The HIV Planning Group Committees

The HPG relies on its committees to do a lot of the important work that helps them make decisions. Each HPG member is expected to participate on one or more committee. Service providers, consumers, and other interested community members are also welcomed to participate. **There are currently 6 committees:**

1. **Steering Committee:** Sets the agenda for HPG meetings and addresses HPG governance issues
2. **Priority Setting & Resource Allocation Committee:** Reviews data and forms recommendations for service priorities, service delivery, funding allocations and any necessary reallocations.
3. **Membership Committee:** Recruit, interview, select, and trains HPG members
4. **HIV Consumer Group:** Educates consumers and works to increase diverse consumer involvement in the service planning process
5. **Strategies and Standards Committee:** Oversees the Integrated Plan and makes recommendations to support the objectives, strategies, and activities for getting to zero new HIV infections in San Diego County, and develops, reviews, and approves the non-medical and medical services standards
    a. **Medical Standards and Evaluation Group** (a joint committee with the recipient): Reviews service outcomes and the effectiveness of services and administration

CARE Partnership is a joint committee with Part D that is not formally affiliated as a committee under the HIV Planning Group. The partnership addresses the continuum of services for women, children, and families living with HIV/AIDS.

Spotlight on the Consumer Group and HIV Planning Group Support Staff

The Consumer Group

The **Consumer Group** is made up of people living with HIV/AIDS. The goals of this group are to:

1. Educate Consumers
2. Increase Diverse Consumer Involvement
3. Represent Consumer Needs throughout the HIV Service Planning Process

The Consumer Group plays an important part in the annual priority setting and allocations process, educating consumers about the process, and encouraging them to participate in:

1. Focus Groups
2. The Priority Setting and Resource Allocation Committee, and
3. HIV Planning Group

The HPG Planning Group Support Staff

The HPG Support Staff helps the HIV Planning Group get the information they need to make decisions about HIV services. They also provide support to the HPG and its Committees, help in organizing community forums, and coordinate the tri-annual needs assessment process. The HPG Support Staff also researches, analyzes, and summarizes information for the annual planning process.

To connect with the support staff, you can reach us via:

E-mail: hhsa.hpg@sdcounty.ca.gov
Phone: 619-294-4700

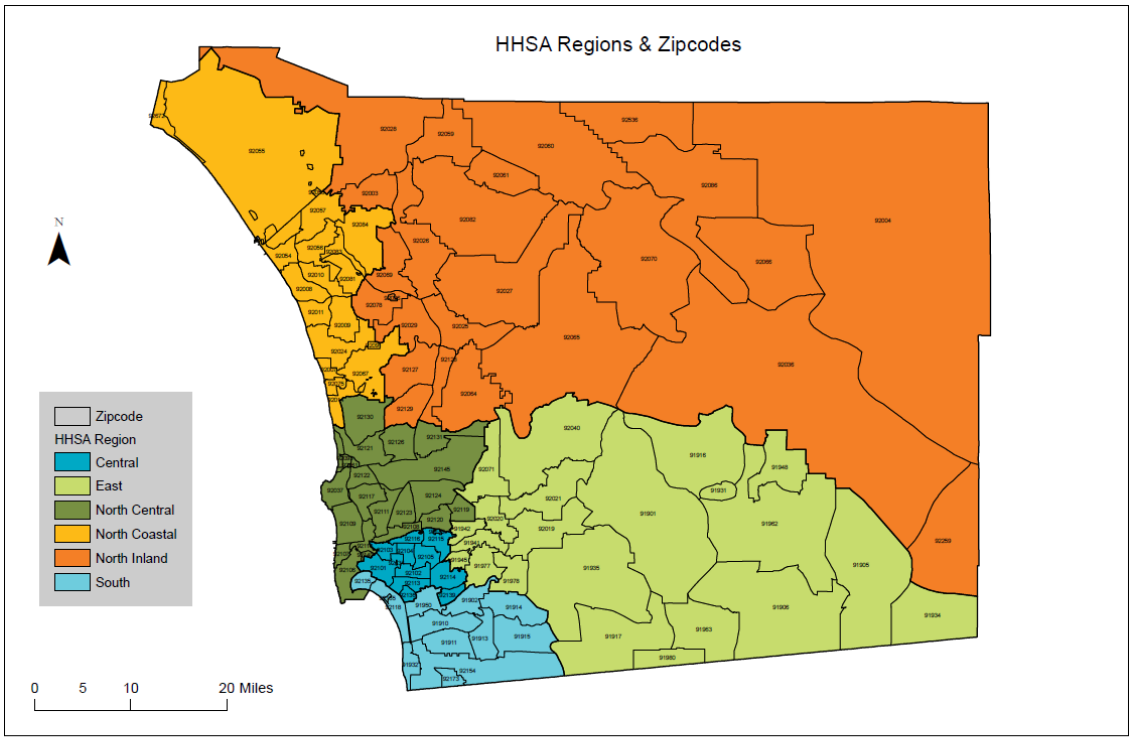
SAN DIEGO HIV PLANNING GROUP

Visit our webpage for updates and meeting materials at: www.sdplanning.org!
Follow us on social media:

https://www.facebook.com/sdhpg20 https://www.instagram.com/sdhpg

Overview of the Planning Process

Regional Planning



Map by County of San Diego, Emergency Medical Services. Contact: Isabel Corcos or Leslie Ray, 619.285.6429
Map Date: January, 2015

The HIV Planning Group adopted the Health and Human Services Agency planning regions to recognize that different areas of the County have different service needs. To address these differences, the County was sectioned into six planning regions:

1. **Central Region**
    a. ***Southeast San Diego*** *(As of 2012, data from the Southeast San Diego area – 92012, 92113, 92114, 92136, 92139, 92162, 92170, 92174 – have been pulled out of the central region for separate analysis)*
2. **North Central Region**
3. **North Coastal Region**
4. **North Inland Region**
5. **East Region**
6. **South Region**

This allows residents of each region to make their needs known, influencing services based on those needs. The HIV Planning Group focuses services through the regions and county-wide.

Using Data for Decision-Making

In order to understand the needs of people living with HIV in San Diego County, data is obtained from a variety of resources.

The HIV Planning Group will conduct a **Needs Assessment –** a process that determines the needs and priorities of a variety of consumers by collecting data that will help determine how funding will be allocated. **Focus Groups** may also be conducted to invite smaller groups of specific people to learn more about their service priorities.

Recommendations can also be taken from the following sources to help with the decision-making process:

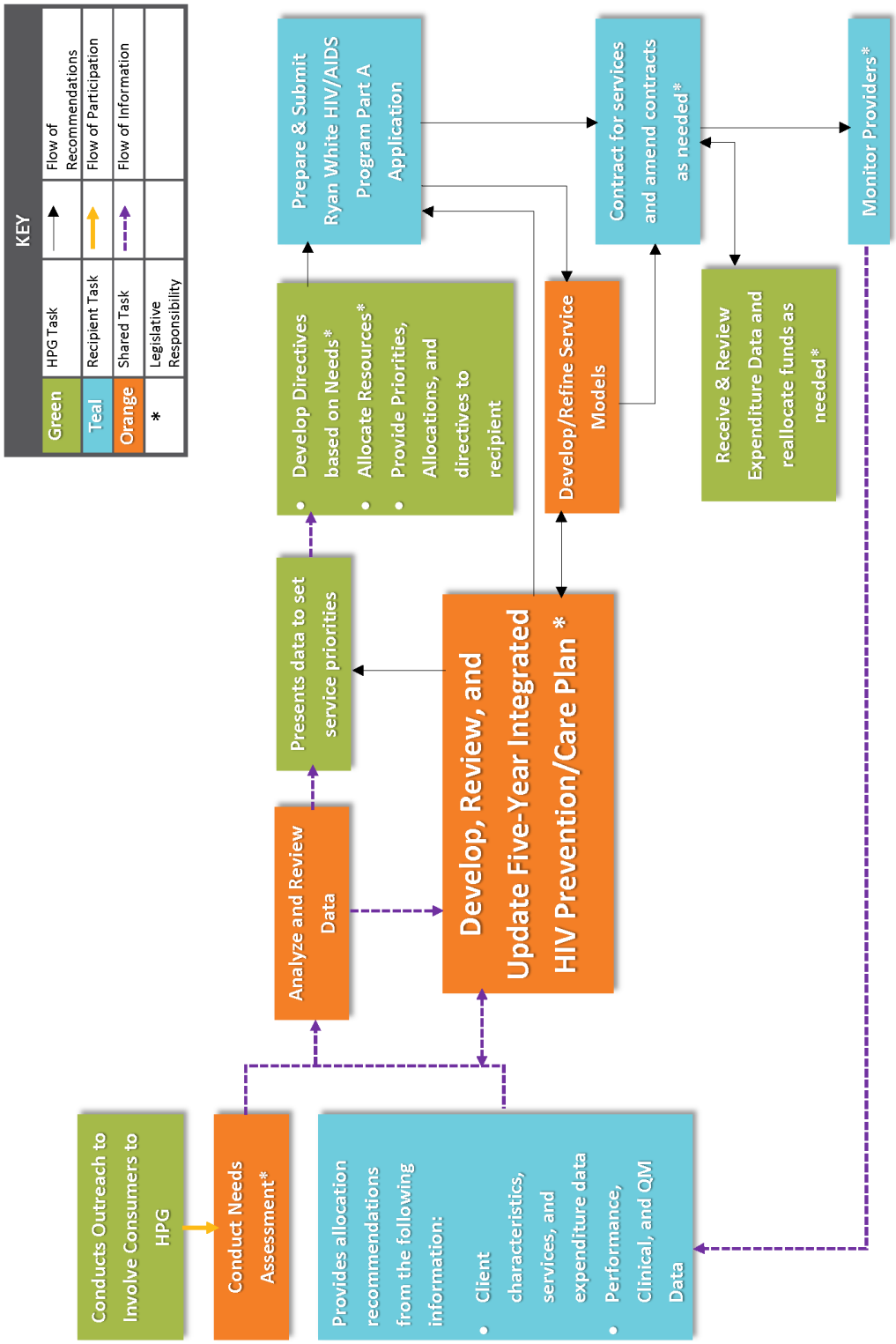
- Epidemiology
- Co-morbidities
- Poverty and Insurance Status
- Service Utilization
- Outcome Evaluation
- Resource Inventory
- Unit Cost/Cost Effectiveness
- Committee Recommendations

The Annual Priority Setting and Allocations Process

The RW Program funding year starts **March 1st through the end of February of each year**. Each year, the HIV Planning Group plans for the use of the following year's funds. Below are the steps:

1. The HPG Support Staff **gathers and analyzes** available information
2. The Priority Setting and Resource Allocation Committee reviews the information and **identifies important points or "key findings."**
3. **HPG Support staff holds focus groups** throughout the County to get input from consumers, providers, and others about HIV service needs in each region.
4. The Priority Setting and Resource Allocation Committee **reviews input from the focus groups** and develops key findings.
5. The key findings will guide the Priority Setting and Resource Allocation Committee on **how to rank service categories in order of priority**.
6. The HPG considers the committee's recommendations for **priority rankings**, and votes on them.
7. The Priority Setting and Resource Allocation Committee takes key findings and **develops recommendations for allocating RW Program Part A and B funds** among service priorities.
8. The HPG considers the recommended allocations and **votes on official allocations**.
9. **The recipient submits the annual Part A application** based on the HPG's decisions.
10. **HRSA** awards San Diego Part A Funds.
11. The recipient puts services in place through **contracts**.

Flow of Planning, Service Priority, & Budget Decisions for Ryan White HIV/AIDS Treatment Extension Act Part A/B



Parliamentary Procedures

The Brown Act – A Brief History and Groups Subjected by the Brown Act

Figure 1 Assemblyman Ralph M. Brown

The **Ralph M. Brown Act** (or "Brown Act") was put in place in 1953 after several articles were published in the San Francisco Chronicle which pointed out how local agencies at the time conducted secret meetings even though state law made it requirement that local agencies conduct businesses publicly.

The purpose for the Brown Act is to make sure actions of local public agencies, including deliberations, are made in public meetings with posted agendas, and where anyone is permitted to attend and participate.

Which Groups are Subject to the Brown Act?				
Subjected				
The Governing Body of a local government (i.e.: Board of Supervisors)	**Standing Committees** whose work is continuous, or has a meeting schedule that's fixed by formal action of the legislative body	**Appointed Bodies** permanent or temporary, decision-making, or advisory, created by a "formal act" of the governing body, which includes any official action and is not necessarily limited to formation by formal vote or adoption of a resolution	**Joint Powers Authority** separate legislative bodies which allow two or more public agencies to agree to jointly exercise any power they hold in common, or to create a separate entity to do so under the Joint Exercise of Powers Act	**Private Organizations** such as a non-profit if a district legislative body was involved in bringing the organization into existence, or if the organization receives funds from the district and a member has been appointed as a full voting member of such board by the district's legislative body
Not Subjected				
Temporary Advisory Committees (Ad Hoc) that hold less than a quorum of the legislative body, made for a single/limited purpose (such as investigating an incident or issue) and will dissolve once the task is completed		**Groups advisory to a single member of a legislative body** created by the informal action of a member to advise another member	**A group appointed by district staff or a committee** to help with a social or community event	

The Brown Act – Covered and Exempted Meetings

*The Brown Act defines a **meeting** as any congregation of a majority of the members of a legislative body at the same time and location, including a teleconference location, to hear, discuss, deliberate, or take action on any item that is within the legislative body's subject matter jurisdiction.* Under the Brown Act, the HPG is considered a legislative body because it makes binding allocations decisions.

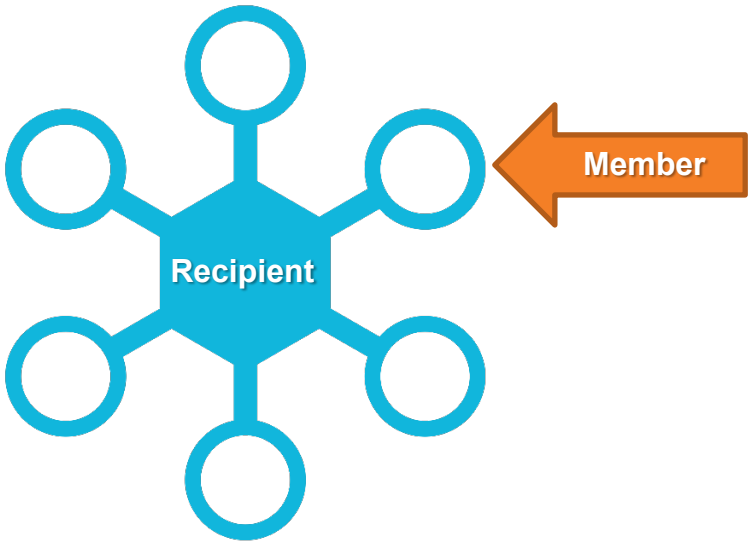
Action taken includes:

A collective decision by a majority of the members of a legislative body	**A collective commitment, or promise by a majority of the members to make a positive or negative decision**	**An actual vote by a majority of the members of the legislative body sitting as a body or entity, upon a motion, proposal, resolution, order, or ordinance**

Please note: Meeting business that is conducted outside a properly noticed and conducted Brown Act meeting to discuss, deliberate, or take action on any item within the body's subject matter jurisdiction **is not allowed**. **Serial meetings** include:

- **Chain Meetings:** One member, contacting another member, continuing the communication with other members until a quorum of that legislative body is reached

- **Hub-and-Spoke Meetings:** A middle person (such as the Recipient) that contacts at least a quorum of the legislative body to create a collective agreement on an action to be taken by the legislative body



The Brown Act – Covered and Exempted Meetings, Continued

Teleconferences

In 2020, the world had to shift the way they conducted their personal and professional lives, including discontinuing in-person meetings due to the COVID-19 pandemic. Meetings may be conducted by teleconferencing (via any electronic audio or video connection) under the following conditions:

- Public opportunity to speak is provided at each teleconference location
- All votes are taken by roll call
- A quorum of the members of the legislative body must participate in these teleconferences

What is not a meeting?

There are seven instances where the Brown Act does not consider the listed as regulated "meetings." They are:

Type of Gathering	Example
Individual Contacts	A member can communicate with a staff member, public, or member of the legislative body, if they do not communicate their discussion to another/other members of the body, which could lead to a serial meeting.
Standing Committee Meetings	Members can attend an open and noticed meeting of a standing committee of the legislative body as long as members of the body that aren't members of the committee only attend as observers.
Meetings of Another District Legislative Body	That are open and publicized
Meetings of a Legislative Body of Another Local Agency	That are open and publicized (i.e.: County Board of Supervisors, City Council, Board of Directors of another district)
Community Meetings	That are open and publicized - addresses topics of local community concern by a person/organization other than the district
Conferences or Similar Gatherings	That are open to the public that discusses issues of general interest to the public or public agencies
Social or Ceremonial Events	Parties, Weddings, Funerals, or Fundraisers

The Brown Act – Covered and Exempted Meetings, Continued

The following meeting categories are subjected to the Brown Act:

Meeting Type	Description	Advanced Notice to Public
Regular Meetings	Held at times, dates, and locations set by the legislative body	72 Hours
Special Meetings	Meetings called by the presiding officer or majority of the legislative body	24 Hours
Adjourned Meetings	Regular or special meetings that have been adjourned to a time and place specified in the order of adjournment	72 Hours
Emergency Meetings (Minutes, list of persons notified or attempted to be notified, copy of any roll call vote, and any action taken at meeting must be posted in public space for minimum of 10 days right after the emergency meeting.)	Occurs when the legislative body determines there is an emergency situation that severely impairs public health or safety, or if there is an existing or threatened situation that poses immediate/significant peril.	1 hour (News media must be notified. Closed sessions are permitted during an emergency meeting under Section 54957 if agreed to by 2/3 vote of members present (or all of the members if less than 2/3 present.)

Agendas must be posted at least 72 hours in advance of the regular meeting to which it relates, both physically where the public may access the information, and at least 24 hours in advance if the agency has a website.

Non-Agenda Items

Any discussions or action not a part of the posted agenda is prohibited, but members of the legislative body can:

1. Briefly respond to statements made or questions given by the public
2. Ask a clarifying question
3. Make a brief announcement
4. Provide a brief report on activities

Public Conduct

Disturbances - The legislative body may remove any person from a meeting who willfully disrupts the meeting.

Non-Disruptive Criticism – The legislative body cannot prohibit public criticism of policies, procedures, programs, or services of the agency or the acts or omissions of the legislative body itself, as it is protected speech (provided they are not overly disruptive).

Robert's Rules of Orders - Historical Overview and Its Use in Today's Meetings

Historical Overview

Figure 2 Henry Martyn Robert

Henry Martyn Robert was an officer in the Army and was asked to run a public meeting in his community. Not knowing how, he tried to do so and ultimately failed. Throughout his transfers and attempts in different communities, he learned that every part of the United States had different ideas or how to correctly run a public meeting, so he decided to write *Robert's Rules of Order* to standardize the meeting procedures so that all could participate. *Robert's Rules of Orders* developed a standard set of principles and guidelines for meetings to balance the rights of meeting participants, the rights of individual members to be heard and to vote, the right of the minority block of members to be heard by the body and the right of the body to conduct business.

The purpose of Robert's Rules is to help keep meetings moving forward, allowing for groups to make decisions on items that are presented during the meeting, and to ensure all participants understand what will be discussed and how they might be heard. For example, basic to Roberts rules are an agreed upon agenda to items to be heard or discussed in the meeting and procedures for introducing items for a vote. Action items or items to be decided are introduced by a Motion by a group member or committee (proposal for a specific action), followed by a Second (agreement of another member), at which point a discussion period opens, where members can clarify what is meant, ask any questions, and express their opinions (for or against) about the motion. Once discussion has concluded a vote is taken. Roberts Rules provide a predictable, simple set or procedures. These procedures are **generally modified slightly by each group** to better meet the needs of the particular group.

The HIV Planning Group has modified Robert's Rules for two reasons:

1. To allow compliance with the Brown Act; this requires governmental bodies to provide advance public notice of meetings and the agenda.
2. To ensure the public can participate at the beginning and throughout the meeting at each agenda item. For example, the public is welcome to be heard at the beginning of each agenda item.

Robert's Rules of Orders – Overview of the Meeting

Agenda: The meeting agenda outlines the general structure of how a meeting is to proceed and what topics will be discussed or voted on. Below is the general outline for HPG and Committee meetings:

1. **Call to Order:** signals the official beginning of the meeting.
2. **Minutes:** Document all actions at meetings, not the discussions and minutes are approved at a subsequent meeting.
3. **Approval of Agenda:** Members review/approve the meetings' agenda
4. **Reports:** These are from committees and/or specific people as decided by the body.
5. **Old Business:** Reviews any business not completed at a previous meeting
6. **New Business:** Includes trainings and any items for action
7. **Announcements**
8. **Adjournment**

Actions: Usually consist of a motion, which sets the parameters of the discussion, a second for the motion, discussion of the motion, and then a vote. Motions from committees come forward to the HPG as already seconded motions because two of more group members already voted for the motion at the Committee. **Please note:** Motions rarely come from the floor except for emergencies.

To change a motion (if the maker changes his/her mind):

1. The motion may be withdrawn by the motion maker if the person who seconded the motion agrees and if the larger group has no objection to the withdrawal.
2. If there is an objection to the withdrawal or if the second does not also agree to the withdrawal, the group will continue with the original motion as presented and vote. If the original motion is not successful in obtaining a majority a new motion will then be entertained.
    a. Note: "Friendly amendments" are not part of the allowable procedure.

Other Actions:

1. **Point of Order:** Made to the chair when a member believes something is not being done correctly. The chair has some discretion regarding when a point of order is addressed.

2. **Point of Information:** Made to the chair when a member requests additional information. It is the pleasure of the chair to provide the information or to request someone else to provide the information.
3. **End Discussion:** The chair will typically end discussion when everyone has had a chance to speak, or at the end of the pre-determined discussion period, or a member can request "call the previous question."
    a. If the motion to "call the previous question" is seconded, a vote should occur. A motion to "call the previous question" required a two-thirds majority vote to succeed.
4. **To get an item on the agenda:** Ask for actions to go to the Steering Committee during the portion of the agenda, "Suggestions to the Steering Committee for future items".
5. **To request a break (for bathroom or otherwise)**: A member may make the request to the chair, who will consider the best timing for the break and communicate that to the group. This does not require a motion or vote.

Quorum:

1. For the purposes of voting, a quorum at the HPG it is the majority of the members; (greater than 50%). For example, if 9 members were on the HPG or a committee, 5 would be a majority, as 5 is greater than 4.

Majority for determining a voting result:

1. **Majority vote:** The basic requirement for approval for action, except where a rule provides otherwise, is a majority vote. The term "majority" means "more than half (greater than 50%) of those voting (excluding "no's" and abstentions), at a properly called meeting with a quorum.
2. **Two-thirds vote:** Two-thirds vote means at least two-thirds of the votes cast, excluding blanks and abstentions, at a properly called meeting with a quorum.

Reconsidering or Rescinding a Motion:

Sometimes the group or a member wished to reconsider or change a previous decision or action. Motions to rescind or reconsider must be made from a member from the winning side of the original vote (note: does not need to be from the person who made the motion). The second must also come from a member of the winning group, unless the margin of loss was only one vote. If a motion to reconsider or rescind has been seconded, a

discussion occurs, followed by a vote to reconsider or rescind the previous motion or action. If the motion to rescind is approved, a new motion would occur.

There are two ways to have an action reconsidered:

1. **If you are in the same meeting as the motion to be reconsidered,** the motion maker would state, "I move to reconsider…" To approve a motion for reconsideration or rescission, a motion must pass with a simple majority, which does not include abstentions due to conflicts of interest.
2. **If the meeting at which the motion to be reconsidered has ended and you are now in another convened meeting of the same committee.** The motion maker would state, "I move to rescind…"
    a. If prior notice of the motion to rescind/reconsider has been made and is on the agenda, motion must pass with a simple majority, which does not include abstentions due to conflicts of interest.
    b. If prior notice of the motion to rescind/ reconsider has not been made and is not on the agenda, a motion must pass with a two-third majority, which does not include abstentions due to conflicts of interest.